

App. No./Pat No.
10/684,921
Atty Docket No./Cust. No.
5923-A-3(L.P.A.)
Paper Rec'd Date
8/1/06
Form Completed
5/1/07

Check Amt. #1

Check Amt. #2

Deposit Acct.
03-0088

Fee Code	Fee Amt.	Paper #
1462	400	8/1/06

Credit Card ☐ (See attached)

Refund ☒ (See attached)

(PTO Employee - please circle the code(s) and amount(s) to be refunded/credited)

Change App No./Pat. No. ☐

From

To

Change Fee Code ☐

From Code	Amount

To Code	Amount	Paper #

Special Instructions:

 AS
Initials (PTO Employee)

Initials (Contractor)

Date Processed

PLEASE REMOVE THIS FORM BEFORE SENDING FILE OUT OF THE OFFICE OF PETITIONS

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>5/2/07</u>		2 Serial/Patent # <u>03-0088</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition		8/1/06	\$ 130
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$
		8 TO BE REFUNDED BY:		
10 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check Credit Deposit A/C #: <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 03--0088 </div> </div>		
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<div style="border: 1px solid black; padding: 10px; min-height: 40px;"> <p><i>paid wrong fee amount. Also, charging correct fee amount</i></p> </div>		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>David Bucci</u>		TITLE: <u>Refunds Examiner</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>272-7094</u>		
OFFICE: <u>Refunds</u>				

THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [**PAPER NUMBER** refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME**, **TITLE**, **PHONE NUMBER**, **OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

COPIES:	WHITE:	<i>Attach to the official file.</i>
	YELLOW:	<i>Attach to the official file.</i>
	PINK:	<i>Retain for originating office.</i>

Mail or hand-carry the completed form with attachment(s) to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

PETITION UNDER 37 CFR 1.181 FOR THE DIRECTOR
TO EXAMINE HIS SUPERVISORY AUTHORITY
(MPEP 1002.02(b)(3))

Filed Via EFS
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In the above identified application, the issue fee was paid and received by the Office of Initial Patent Examination (OIPE) on December 23, 2005. A review of the allowed claims subsequent thereto uncovered the fact that Claim 6 included a double recitation of the phrase "two compartments within said plastic block" due to a typographical error. An amendment to correct this error was prepared and mailed December 27, 2005 and received by the OIPE on January 3, 2006.

During a recent online investigation of the status of this application, it was learned that the status was "Awaiting TC Resp, Issue Fee Payment Verified". As this status was not fully understood by the undersigned, attempts were made to discuss this matter with Examiner Horton. During a telephone interview with Examiner Horton on July 31, 2006, she indicated that the Amendment filed would not be entered as it was made after payment of the issue fee. Moreover, she suggested that the amendment be filed under 37 CFR 1.312. During this interview, Examiner Horton indicated that she would approve the amendment to Claim 6 to

Electronic Acknowledgement Receipt

EFS ID:	1136912
Application Number:	10684921
Confirmation Number:	6379
Title of Invention:	SOLAR REFLECTIVE VENTILATED TRANSLUCENT BLOCKS
First Named Inventor:	Samuel R. Regina
Customer Number:	26740
Filer:	C. Robert Von Hellens
Filer Authorized By:	
Attorney Docket Number:	5923-A-3 (CIP A-2)
Receipt Date:	01-AUG-2006
Filing Date:	14-OCT-2003
Time Stamp:	19:35:36
Application Type:	Utility
International Application Number:	

Payment information:

Submitted with Payment	yes
Payment was successfully received in RAM	\$ 130
RAM confirmation Number	539
Deposit Account	030088
The Director of the USPTO is hereby authorized to charge indicated fees and credit any overpayment as follows: Charge any Additional Fees required under 37 C.F.R. Section 1.16 and 1.17	

File Listing:

Document Number	Document Description	File Name	File Size(Bytes)	Multi Part	Pages
1	Petition for review by the Technology Center SPRE.	A-3PetitionUnder37CFR1181.pdf	72010	no	2
Warnings:					
Information:					
2	Supplemental Response or Supplemental Amendment	A-3AmendUnderRule37.pdf	241231	no	8
Warnings:					
Information:					
3	Fee Worksheet (PTO-875)	fee-info.pdf	8161	no	2
Warnings:					
Information:					
Total Files Size (in bytes):			321402		
<p>This Acknowledgement Receipt evidences receipt on the noted date by the USPTO of the indicated documents, characterized by the applicant, and including page counts, where applicable. It serves as evidence of receipt similar to a Post Card, as described in MPEP 503.</p> <p><u>New Applications Under 35 U.S.C. 111</u> If a new application is being filed and the application includes the necessary components for a filing date (see 37 CFR 1.53(b)-(d) and MPEP 506), a Filing Receipt (37 CFR 1.54) will be issued in due course and the date shown on this Acknowledgement Receipt will establish the filing date of the application.</p> <p><u>National Stage of an International Application under 35 U.S.C. 371</u> If a timely submission to enter the national stage of an international application is compliant with the conditions of 35 U.S.C. 371 and other applicable requirements a Form PCT/DO/EO/903 indicating acceptance of the application as a national stage submission under 35 U.S.C. 371 will be issued in addition to the Filing Receipt, in due course.</p>					